



**Leicestershire  
County Council**

Leicester City Clinical Commissioning Group  
West Leicestershire Clinical Commissioning Group  
East Leicestershire and Rutland Clinical Commissioning Group



## **HEALTH AND WELLBEING BOARD: 24 FEBRUARY 2022**

### **REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND EXECUTIVE DIRECTOR, STRATEGY AND PLANNING, LEICESTER, LEICESTERSHIRE AND RUTLAND CCGS**

### **LEICESTERSHIRE JOINT HEALTH AND WELLBEING STRATEGY 2022 – 2032**

#### **Purpose of report**

1. The purpose of this report is to advise the Health and Wellbeing Board of the outcome of the consultation on the Leicestershire Joint Health and Wellbeing Strategy (JHWS) 2022 – 2032 and seek approval for the final Strategy.

#### **Link to the local Health and Care System**

2. The development of a JHWS is a statutory requirement of the Health and Wellbeing Board (HWB) which will set out the strategic vision and priorities for Health and Wellbeing across Leicestershire over the next 10 years. The Strategy is aligned with the Integrated Care System's requirement for the development of a Place Based Plan.

#### **Recommendation**

3. It is recommended that:
  - a) The outcome of the public consultation exercise on the draft Joint Health and Wellbeing Strategy be noted;
  - b) The Joint Health and Wellbeing Strategy 2022 – 2032 be approved;
  - c) The Joint Health and Wellbeing Strategy Delivery Plan be noted.
  - d) The indicator set used to monitor the performance of the Strategy, be approved

#### **Policy Framework and Previous Decisions**

4. At its meeting on the 8 July 2021, the HWB approved the development of the JHWS. The 10 year draft Strategy was subsequently presented at the 24th November 2021 meeting where the Board approved the draft Strategy for consultation.

## **Background**

5. The overall vision for the JHWS is, 'Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives,' with the strategic priorities aligning to the life course Integrated Care System (ICS) transformational priorities as approved at the July HWB, which are
  - Best Start For Life
  - Staying Healthy Safe and Well
  - Living and Supported Well
  - Dying Well.
6. It is acknowledged that there are key workstreams covering the whole life course and these are part of a cross-cutting element of the Strategy with the aim of improving mental health, reducing health inequalities and considering the impact of Covid-19. Key principles and enablers are also suggested in the Strategy (attached as Appendix A) to support its implementation.

## **Developing the Joint Health and Wellbeing Strategy 2022 – 2032**

7. Considerable collaboration and partnership efforts have driven the development of the JHWS through a Project Board and subgroups (Needs Assessment, HWB Development Day and Consultation & Engagement groups).
8. The HWB's Development Session was held virtually on the 23 September 2021 to consider the data, engagement activity, current linked strategies from across the partnership and the inequalities and challenges local communities faced. HWB members and invited colleagues engaged in discussions based on the needs assessment pre-read covering the life course approach and cross cutting themes. Colleagues worked together to shape the specific priorities under each outcome, and at its meeting in November 2021, the Board approved the Draft JHWS for an eight week consultation period.

## **JHWS Consultation**

9. The draft Strategy was the subject of an eight-week consultation exercise which took place from 29<sup>th</sup> November 2021 – 23 January 2022. Members of the public and key stakeholders were consulted in a variety of ways outlined in full in the report attached as Appendix B, with a summary below.
10. The consultation survey accompanied by the draft Strategy document was hosted on the County Council's 'Have your Say' website with an 'easy read' version and paper copies available. The main part of the survey consisted of a range of multiple-choice and open-ended questions. All the documents (draft Strategy and consultation questionnaire) were available in different formats and languages upon request.

11. Targeted notifications were sent to Board members, the Project Board, associated working groups and other key stakeholders alerting them to the consultation. The draft Strategy has been presented to key stakeholder meetings including the Health Overview Scrutiny Committee, the Health and Wellbeing Board's Sub-groups, and meetings across the wider NHS ICS footprint as outlined within the Consultation report. The working group progressing communication and engagement element focussed on those digitally excluded.
12. Social media played a key part in promoting the consultation, with over 16,000 impressions across Facebook, LinkedIn and Twitter and 610 engagements. 144 people clicked directly from these posts into the consultation landing page.
13. There were 98 responses to the online survey, 72 facilitated conversations, 1 paper response and significant feedback from partnership meetings that have all helped to shape the final Strategy.
14. Of the 99 online survey respondents, 80 % of those who responded did so as a resident of Leicestershire, 8% an interested member of the public, 6% a Public Sector organisation, 3% a voluntary organisation, charity or social enterprise and 3% were classified as 'other'. An overwhelming majority of the respondents supported the vision, priorities and outcomes, with 92% agreeing with the vision 'Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives'.
15. The survey specifically invited respondents to focus on the following priorities across the life course:
  - Best Start For Life : There was strong support for this life course stage, with 90% of online respondents agreeing with the priorities and commitments:
    - i. First 1001 Critical Days
    - ii. School Readiness
    - iii. Preparing for Life
  - Staying Healthy, Safe and Well: Again strong support with 85% of online respondents agreeing with the priorities and commitments:
    - i. Building Strong Foundations
    - ii. Enabling healthy choices and environments
  - Living and Supported Well: Another positive response with 86% agreeing with the priorities and commitments:
    - i. Industrialising prevention and self-care
    - ii. Effective management of frailty and complex care

- Dying Well: In this life course stage 87% of respondents agreed with the priorities and commitments:
  - i. Understanding the need
  - ii. Normalising end of life planning
  - iii. Effective transitions
- 85% of online respondents agreed with the priorities and commitments in the cross cutting themes of improved Mental Health, reduced health inequalities and Covid impact.

16. The majority of online comments received were supportive/confirmative comments (121). A further 118 comments made suggestions for additions or amendments covering a wide range of areas and a further 33 comments highlighted something already covered by the Strategy, highlighting its importance. 31 comments requested more detail about how partners would deliver, monitor and measure success. A small number of respondents disagreed with specific elements of the Strategy although there was no common theme and these sometimes went against the tide of positive responses on the same issue.

17. The Local Area Coordinator team facilitated additional feedback within local communities. The face-to-face conversations with 72 members of the public again highlighted the strength of support for the Strategy with people particularly welcoming the focus on all life stages, mental health, Covid recovery and prevention. Feedback received mirrored points raised online with comments about complexity of the Strategy and language, requests for more detail on how the commitments would be achieved and comments about integrating services, knowing what services are available and how to access them.

18. More detail about the feedback received including key themes is available in the summary at Appendix B.

19. It is acknowledged that the consultation started a conversation with partners, residents and communities on the understanding that this would be progressed to ensure the JHWS continues to reflect experiences. The HWB Communications and Engagement Strategy is also on the agenda for this meeting and highlights how this is evolving. The consultation survey allowed respondents to supply their contact details and be included in the ongoing conversation.

#### Amendments to the final Strategy

20. As a result of feedback and comments received through the consultation, a number of amendments have been made to the final strategy, outlined in full on slides 7 and 8 in the consultation report. Areas that have been strengthened include;

- Best Start for Life, the importance of working with Children with Special Educational Needs has been reinforced, and keeping children safe from harm,
- Staying Healthy Safe and Well, choice is strengthened under Healthy Choices and Environments
- Living and Supported Well further clarity has been provided regarding Long Term Conditions also referring to disability, increasing knowledge about access and support including economic prosperity, inclusion of the Adults and Communities Investment Strategy and strengthening the relationship between the HWB and LLR Carers Board. Also 'Industrialising Prevention and Self Care has been amended to 'Up scaling prevention and self care'

21. The majority of comments received focussed on Mental Health, in particular funding and the integration of pathways. The Strategy has been strengthened to provide clarity on understanding the health inequalities across Leicestershire following the pandemic, including inclusion of the LGBT+ community.

22. Amendments have been made to the terminology used in order to reduce jargon where this has been highlighted. Further consideration will be given to providing a summary version offering and quick and easy read for the general public to understand.

#### Monitoring performance of the Strategy

23. To enable the Board to monitor progress against the outcomes, approval was given at its meeting in November 2021 for the development of a Delivery Plan. This is a working document, owned across the partnership and as result, will be constantly changing. The high-level Delivery Plan (attached as Appendix C) showcases to the Board the breadth of work involved in progressing actions to deliver on the Strategy. The Strategy adopts a 'Do, Sponsor, Watch' approach to prioritising the work of the HWB, while supporting the wider partnership.

24. The Board will receive quarterly progress reports against the Delivery Plan framed by the indicator set attached in Appendix D. This is supported by colleagues from across the partnership and led by the County Council's Public Health Business Intelligence Partner. Revisions will be made to reflect progress against the priorities and evolution of the Strategy over the 10 year period.

25. An iterative approach has been taken to the drafting of the JHWS and initial high level Delivery Plan and this will be maintained throughout the duration of the Strategy so that the Board can ensure it adapts and responds to the changing policy landscape. It is acknowledged the HWB subgroups will support delivery of specific life course areas and will therefore add further detail to the Delivery Plan including timescales, leads and ensuring objectives

are SMART. The Strategy and Delivery Plan will be subject to an annual review of progress and a more in depth review every three years. This will enable it to stay relevant and will support the Board in its aim to complement and contribute to the wider health and care system across LLR. The HWB is also reviewing it's terms of reference and subgroups to ensure effective and efficient delivery of the JHWS. These are described in the accompanying paper to the Board.

### The Equalities and Human Rights Impact Assessment

26. The Strategy has a cross cutting theme to reduce health inequalities and is linked into the wider LLR Health inequalities framework. A full Equality and Human Rights Impact Assessment has been presented to the Public Health Equalities Group and is attached as Appendix E. The results from this impact assessment have been incorporated into the final version of the Strategy and a review of the EHRIA will be completed on an annual basis to align with the annual review of the Delivery Plan.

### Resource Implications

27. There are no specific additional resources allocated to the delivery of the Strategy. Delivery will be completed through current budgets across the Leicestershire HWB partnership. It is acknowledged that any changes to funding and commissioning of services will need to be approved by the respective organisation's governing body.

### Background papers

Report to the Health and Wellbeing Board – 8 July 2021: Joint Health and Wellbeing Strategy Refresh

<http://politics.leics.gov.uk/documents/s162246/JHWS%20Refresh%20paper%20-%20July%20HWB.pdf>

Report to the Health and Wellbeing Board – 25<sup>th</sup> November 2021: Draft Leicestershire Joint Health and Wellbeing Strategy 2022 - 2032

<https://politics.leics.gov.uk/documents/s165094/HWB%20Draft%20JHWS%20Report.pdf>

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### **List of Appendices**

Appendix A - The Joint Health and Wellbeing Strategy 2022 – 2032

Appendix B - Consultation Report

Appendix C - Joint Health and Wellbeing Strategy High-Level Delivery Plan

Appendix D - Indicators for performance monitoring

Appendix E - Equalities and Human Rights Impact Assessment

### **Relevant Impact Assessments**

#### Crime and Disorder Implications

28. To ensure crime and disorder implications are considered, links to the Leicestershire Safer Communities Strategy Board and wider Office of the Police and Crime Commissioner have been made through the attendance at the JHWS Project Board and working groups. The Staying Healthy, Safe and Well priority will ensure the health considerations of the Leicestershire Safer Communities Strategy Board are linked into the HWB.

#### Environmental Implications

29. The JHWS strategy uses the Dahlgren and Whitehead (2006) social model of health to recognise the importance of the wider determinants on health on our health and wellbeing. This includes the importance of the impact of the environment in which we are born, live and grow. To ensure environmental implications are considered, links to the County Council Environment and Transport department and Public Health department have been made through attendance at the JHWS Project Board and working groups. Key priorities have been identified such as air quality, access to green space, active transport and having healthy places.

#### Partnership Working and associated issues

30. Success of the JHWS and HWB development is dependent on high quality, trusted partnership working and ownership. Through developing an alliance approach to the JHWS and HWB, it is hoped that further progress can be made across multiagency boundaries to improve the health and wellbeing of the Leicestershire population. The JHWS has been developed and owned across the partnership with significant progress across the sub-groups to align

workstreams and delivery. The multiagency JHWS Project Board has also been a key enabler in ensuring this happens.

### Risk Assessment

31. The JHWS has been developed during a challenging period including the Covid-19 pandemic, winter pressures and national, local and organisational changing priorities. The key risk moving forward is maintaining the ongoing stakeholder support through the implementation of the 10 year strategy. The County Council's Transformation Unit have provided regular project management support to monitor the risks and issues associated with the programme of work and will continue to programme manage the implementation of delivery moving forward. This will allow early identification and mitigation of risks as needed.